

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **926011**
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4	↓	1	↓		↓		TOTAL IND.	↓		↓
TOTAL DEP.	4	↓	6	↓		↓		TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	5		7					TOTAL CLAIMS			